

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Family Assistance Administration

## FAIR HEARING REQUEST

Complete the following **ONLY** if you want a Fair Hearing

<b>Local Office Use Only</b>	
<b>Case Name:</b>	
<b>Case No.:</b>	
<b>Site Code:</b>	
<b>Date Received:</b>	
<b>Customer Information</b>	
NAME (Last, First)	CASE NO.
ADDRESS (No., Street, City, State, ZIP)	PHONE NO. (Include area code)
<b>I Want a Fair Hearing for the following program(s) (Check Box)</b>	
<input type="checkbox"/> Cash Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> AHCCCS Health Insurance <input type="checkbox"/> Two-Parent Employment Program <input type="checkbox"/> Tuberculosis Control	
<b>I Want a Fair Hearing because I do not agree with: (Check Box)</b>	
<input type="checkbox"/> Closure <input type="checkbox"/> Amount of Benefits <input type="checkbox"/> Denial <input type="checkbox"/> Overpayment <input type="checkbox"/> Other (Explain)	
DATE OF NOTICE I DO NOT AGREE WITH	I NEED AN INTERPRETER  <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Language?)
I NEED AN ACCOMMODATION FOR A DISABILITY  <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain)	
<b>IMPORTANT: Read your Fair Hearing Rights on the back of this form before filling out this section.</b>	
Check one of the boxes below if the benefits you get now are being cut or stopped.	
<input type="checkbox"/> I <b>DO</b> want to keep getting benefits during my Fair Hearing	
<input type="checkbox"/> I <b>DO NOT</b> want to keep getting benefits during my Fair Hearing	
SIGNATURE	DATE

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1.

## YOUR FAIR HEARING RIGHTS

DES must send you a notice when a decision is made on your case. A Fair Hearing is your chance to explain your case to a judge who will decide if DES made the right decision.

### **You have the right to:**

- Ask for a Fair Hearing if you do not agree with the decision we made.
- Ask for a Fair hearing if we have not made a timely decision.
- Ask for a pre-hearing meeting with DES to discuss your case.
- Review your DES case file
- Get a copy of the law, rule or policy that we used in your decision.
- Present testimony and evidence at the Fair Hearing to support your case
- Bring a representative or lawyer to the Fair Hearing

### **What happens after you ask for a Fair Hearing?**

- We will send you a notice asking you to contact us for a pre-hearing meeting with DES. You do not have to come to the pre-hearing meeting. If you do, we may be able to fix the problem.
- If the problem cannot be fixed, the DES Office of Appeals will send you a notice telling you the date and time of your Fair Hearing.

### **What programs can you ask for a Fair Hearing?**

AHCCCS Health Insurance, Cash Assistance, Food Stamps, General Assistance, Two-Parent Employment Program, and Tuberculosis Control.

### **How do you ask for a Fair Hearing?**

- You can get a Fair Hearing Request form at the local DES office or on the internet at [www.azdes.gov](http://www.azdes.gov)
- Give the local DES office your completed Fair Hearing Request form or a written statement in person, by mail, by Fax, or by dropping it off at the local DES office.
- The statement asking for a Fair Hearing should include your address, date of the notice you do not agree with, and a reason why you do not agree with the decision.
- You can also call your local DES office to ask for a Fair Hearing. The address and phone number of your local DES office is on your decision notice.

### **What is the deadline to ask for a Fair Hearing?**

You must ask for a Fair Hearing within:

- 30 days from the date on the decision notice for: AHCCCS Health Insurance, Cash Assistance, General Assistance, Two-Parent Employment Program and Tuberculosis Control
- 90 days from the date on the decision notice for: Food Stamps

### **How can you keep getting benefits while you wait for a Fair Hearing?**

You may keep getting benefits if you ask for a Fair Hearing within 10 days from the date on the decision notice.

But, you cannot keep getting benefits while you wait for a Fair Hearing if:

- Your Application was denied
- Your benefits were stopped because the approval period ended
- You received the maximum benefits under the program
- The law changed

**CAUTION:** You may have to **PAY BACK** any type of cash benefits or food stamps you received while waiting for a Fair Hearing if you do not go to your Fair Hearing, you withdraw your Fair Hearing request, or the judge decides that DES was correct.